

Actively Addressing Addiction Stigma

Addiction is a chronic disorder with myriad factors affecting a person's life (e.g., biological, environmental, social, and psychological). Indeed, the degree to which an individual experiences gratification when using a substance or engaging in addictive behaviors is molded by genetics.¹

~50%
of a person's addiction risk
is related to genetics.¹

Perceived opioid use disorder (OUD)–related stigma can affect^{2,3}:

- › Health care professional (HCP) willingness to screen and prescribe
- › Patient harm reduction
- › Patient desire to access and remain engaged in care
- › Patient self-esteem and mental health

Stigma Impacts³

Treatment

Some HCPs are uncomfortable working with people who use or misuse drugs. Having access to a trusted HCP can help maintain general well-being and quality of life for patients. When HCPs carry stigma associated with drug use, it may prevent people with OUD from seeking care.

Harm Reduction

Harm reduction strategies include needle exchanges, addiction medication, and safe drug-use rooms—all designed to decrease risks associated with drug use. However, societal stigma regarding drug use and addiction often precludes these strategies from being more broadly supported and adopted.

Self-Esteem and Mental Health

Chronic stress associated with discrimination due to addiction stigma may affect the social and mental health of individuals with OUD. People who use drugs sometimes view themselves as “deviants,” which may impact their self-worth, and when a person does not have social ties or other people to talk to, they might not reach out for health care or treatment.

Stigma is rooted in the misconception that addiction is simply a choice based upon a lack of willpower or moral failing.⁴

Actively Addressing Addiction Stigma (Continued)

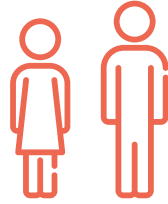
How HCPs Can Actively Address Addiction Stigma²

Increasing efforts to expand knowledge of OUD within clinics and local communities can transform perceptions of stigma, as well as patients' willingness to seek treatment for addiction. The following efforts to reduce OUD-related stigma can play a powerful role in shaping patient perceptions.

Stigma surrounding OUD may be reduced by:



1. Educating staff (including administrative staff) about stigma to help patients receive respectful treatment at all care access points



2. Delivering patient-centered care that asks open-ended questions, actively listening, and practicing shared decision-making to engage patients more effectively



3. Adopting person-centered, strengths-based language to improve patient experiences

Using Person-Centered, Strengths-Based Language^{2,5}

Instead of saying... (deficits-based)	Try saying... (strengths-based)
Addict, junkie, drug abuser	Person with OUD
Frequent flyer	Utilizes services and support when necessary
Hostile, aggressive	Protective
Mentally ill	Person with a mental illness
Lazy	Ambivalent, working to build hope
Manipulative	Resourceful
Resistant	Chooses not to, isn't ready for, not open to
Suffering with	Working to recover from, experiencing, living with
Abuse, drug problem/habit	Addiction (if clinically accurate), use (for illicit drugs) or misuse (for prescription drugs)
Clean	Substance-free

Note: Language can impact the way that patients managing addiction feel about seeking treatment. Allow them to tell their own stories.

Words have a lot of power and can shape the way we view and treat people. Try focusing on the unique characteristics of a patient rather than their opioid use or OUD.²

References

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